

Tennessee Access to Recovery

Provider Application Packet

State of Tennessee
Division of Alcohol and Drug Abuse Services
1st Floor, Cordell Hull Building
425 5th Avenue North
Nashville, TN 37243

Effective Date 2/3/06

TN-ATR APPLICATION

TO BECOME AN AUTHORIZED PROVIDER

Instructions: Complete and return this form and the requested information by fax or mail if you wish to apply to become an authorized provider. Additional information may be requested by the Division before we can certify your eligibility to provide services.

I. Identifying Information

Organization/agency name: _____

Contact name: _____

Mailing address: _____

Phone number: _____

Fax number: _____

Email address: _____

County: _____

II. Please check below the services you want to provide (see TN-ATR Service Definitions, Requirements, and Rates for further details):

Note: By checking below that you want to provide a particular ATR voucher service, you must have capacity to provide that voucher service to consumers who are assessed as needing that service and who choose to receive that service at your agency. If you are a treatment facility, this includes providing voucher services to consumers who may not be enrolled in your treatment programs. Assessments, Drug Testing, Transportation, and Collateral Services may only be offered in conjunction with other ATR treatment and/or recovery support services.

Clinical Services

- ☐ Assessments for Clinical Services (ASI and ASAM) (note: This service can only be provided by state licensed Alcohol and Drug Treatment Facilities or qualified Alcohol and Drug Personnel approved by the Division.)
- ☐ Intensive Outpatient (IOP) ASAM Level II.1 (note: This service can only be provided by state licensed Alcohol and Drug Treatment Facilities.)
- ☐ Continuing Care/Aftercare (note: This service can only be provided by state licensed Alcohol and Drug Treatment Facilities.)

Recovery Support Services

- | | |
|--|---|
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Pastoral Support |
| <input type="checkbox"/> Basic Education | <input type="checkbox"/> Recovery Skills |
| <input type="checkbox"/> Case Management (Care Coordination) | <input type="checkbox"/> Recovery Social Activities |
| <input type="checkbox"/> Domestic Violence Support | <input type="checkbox"/> Relapse Prevention |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Employment Skills | <input type="checkbox"/> Spiritual Support Group |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Nutritional Support | <input type="checkbox"/> Transportation |

Collateral Services

- | | |
|---|--|
| <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Basic Utilities | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Home Establishment | <input type="checkbox"/> Rental Assistance |

III. Business Information

A. Check the type of legal entity:

- ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company
- ☐ Faith Based ☐ Government ☐ Other _____

B. Legal Entity Name _____

Mailing Address _____

Phone Number _____

C. Check one: ☐ For Profit ☐ Non-Profit

D. Have owners of the entity ever been denied a license or had a license suspended or revoked for a health care facility in Tennessee or any other state? ☐ Yes ☐ No

If yes, please provide detailed explanation and attach to your application.

E. Has the facility administrator ever been convicted of a crime involving injury or harm to person(s), or financial or business mismanagement (assault, battery, robbery, embezzlement, fraud, etc.)? ☐ Yes ☐ No

If yes, please provide detailed explanation and attach to your application.

IV. Faith Based/Secular Status

Faith based is defined as an organization which identifies itself as founded upon or guided by religious convictions and beliefs.

Is your organization faith based or secular? Please check one: ☐ Faith Based ☐ Secular

If faith based, has your organization been trained in:

SAMHSA's Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence ☐ Yes ☐ No

V. Information To Send With Your Application

A. Treatment Providers must send a copy of your current State of Tennessee Alcohol and Drug Treatment Facility license with this application. No other documentation is required at this time.

B. Recovery Providers that are not licensed treatment providers must send a copy of their national accreditation, or they must send supporting documentation as specified in the Recovery Support Service Provider Documentation Packet.

By signing below I certify that the information provided above or sent as attachment is correct and true to my knowledge.

(Signature of Applicant)

(Title or Position)

(Date)

Fax application to: (615) 253-6221

Mail Application to: Access to Recovery
1st Floor, Cordell Hull Building
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